

PEED & BORTZ, L.L.C.
Civil/Environmental Engineers

C. Elvan Peed, P.E.

Scott Bortz, P.E.

Martin Jansons, P.E.

June 16, 2011

Anna T. Westernik
Environmental Specialist II
DEQ – Northern Regional Office
13901 Crown Court
Woodbridge, VA 22193

**Re: Town of Round Hill WWTP
VPDES Permit # VA0026212
Permit Reissuance Application**

Dear Ms. Westernik:

On behalf of the Town of Round Hill, please find enclosed one hard copy and one electronic copy of the Town of Round Hill WWTP VPDES permit reissuance application. As you are aware, the treatment plant has recently undergone an expansion and upgrade project to increase the design capacity to 0.75MGD, to provide advanced biological and chemical nutrient removal facilities, and to add sludge press capabilities. The expansion component was completed in late 2010 and the Certificate to Operate has been received. The nutrient and sludge improvements are very near complete now and we anticipate applying for the CTO very soon. All improvements will be finished prior to the reissuance date for the VPDES permit, therefore the enclosed application was completed to reflect the newly upgraded facilities.

The following forms are included:

EPA Form 1 – General Information
VPDES Permit Application Addendum
EPA Form 2A, Part A, B, & C
VPDES Sewage Sludge Permit Application Form, Sections A & B
Public Notice Billing Information Form

Below are a few brief notes to provided additional clarity regarding a few items in the permit reissuance application.

1. Flow Information: Form 2A, Item A.6 includes flow information for the past three years. The range used was June 01-May 31 for each year period. The average over the entire three year period (0.2 mgd) was used for A.9 and the flow values in the process schematic.

Anna T. Westernik

June 16, 2011

Page 2

2. WWTP Expansion/Improvements: As indicated above, the permit reissuance application has been completed from the perspective that the current facility expansion and nutrient/sludge improvements will be completed with CTOs in hand well before the date of permit reissuance. No additional upgrades or expansions during the next permit cycle are currently planned.
3. Form 2A, Item A.12, Effluent Testing Information: Data collected over the past 12 months (June 2010-May 2011) were used to complete this form. Effluent results for E. coli were reported in lieu of fecal coliform since that is the current VPDES permit requirement. For temperature reporting, "Summer" was assumed to be May-October and "Winter" November-April.
4. Form 2A, Item B.6, Effluent Testing Data: Data collected over the past 12 months (June 2010-May 2011) were used to complete this form. Please note that the Ammonia maximum and average values, while accurate, do not represent a true "representative" sample due to a single high sample of 15.0 mg/L taken in November 2010. This sample was taken during the time that the expansion construction was nearing completion and startup activities were occurring. Since ammonia is not a required routine test for this facility, the limited number of samples results in a higher average than would be considered typical. Also, Total Residual Chlorine is listed as N/A since chlorination is not used at this facility.
5. Form 2A, Item B.6, Phosphorus: It should be noted that the phosphorus values reported may be misleading since, as you know, the new phosphorus removal facilities were just brought online in January 2011. Average total phosphorus since the new facilities have been in operation is 0.12mg/L.

If you have any questions, please feel free to contact me (540-394-3214, keith@peed-bortz.com) or Alan Wolverton with the Town (540-338-4772, rhadmin@verizon.net).

Sincerely,



Keith E. Lane, PE

cc: Town of Round Hill

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				S	T/A
				F	C
				1	2
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		40	41	42	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		19	20	21	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		25	26	27	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		31	32	33	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		37	38	39	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		43	44	45	
III. NAME OF FACILITY					
C. SKIP Town of Round Hill WWTP					
15 16 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
C. 2 Wolverton, Alan - Utility Director					
15 16 45 46 48 49 51 52 55					
B. PHONE (area code & no.)					
(540) 338-4772					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
C. 3 P.O. Box 36					
15 16 45					
B. CITY OR TOWN					
C. 4 Round Hill					
15 16 40 41 42 47 51					
C. STATE					
VA					
D. ZIP CODE					
20142					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C. 5 17749 Lakefield Road					
15 16 45					
B. COUNTY NAME					
Loudoun County					
46 70					
C. CITY OR TOWN					
C. 6 Round Hill					
15 16 40 41 42 47 51 52 54					
D. STATE					
VA					
E. ZIP CODE					
20142					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																	
C	7	4	9	5	2	(specify) Sewerage Systems					C	7	(specify) N/A														
15	16	-	19											15	16	-	19										
C. THIRD										D. FOURTH																	
C	7	(specify) N/A								C	7	(specify) N/A															
15	16	-	19											15	16	-	19										

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																					
C	8	Town of Round Hill																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																					
15	16																																																	55	66																				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																																																		D. PHONE (area code & no.)																					
F = FEDERAL S = STATE P = PRIVATE																									M = PUBLIC (other than federal or state) O = OTHER (specify)																									M	(specify)										C										
																																																		56											A	(540) 338-7878									
15	16																																																	55	66	15	16	-	18	19	-	21	22	-	26										

E. STREET OR P.O. BOX																																																												
P.O. Box 36																																																												
26																																																		55										

F. CITY OR TOWN																																								G. STATE					H. ZIP CODE					IX. INDIAN LAND				
C	B	Round Hill																																						VA					20142					Is the facility located on Indian lands?				
15	16																																							40	41	42	47	-	51	52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
C	T	I	9	N	VA0026212																									C	T	I	9	P																									
15	16	17	18	30																									15	16	17	18	30																										
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
C	T	I	9	U																										C	T	I	9	(specify)																									
15	16	17	18	30																									15	16	17	18	30																										
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
C	T	I	9	R																										C	T	I	9	(specify)																									
15	16	17	18	30																									15	16	17	18	30																										

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Town of Round Hill is a municipal government entity serving it's Citizens. The Town's Utility Department owns and operates both the water treatment and distribution and wastewater collection and treatment systems that werve the Town and surrounding areas.

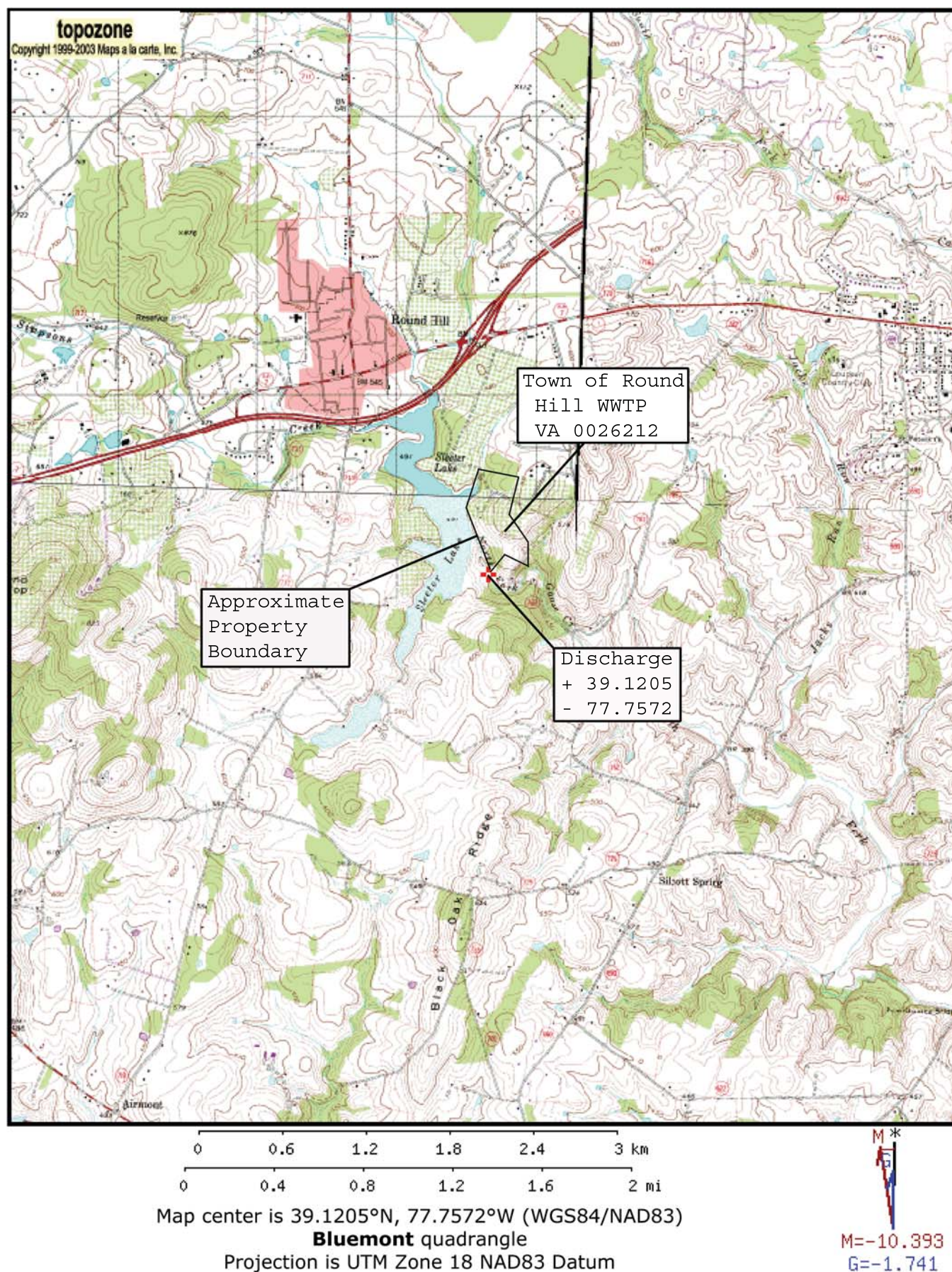
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
John C. Barkley, Town Administrator																																																																															

COMMENTS FOR OFFICIAL USE ONLY

C																																																												
C																																																												
15	16																																																	55										



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USGS 4 km W of Purcellville, Virginia, United States 01 Jul 1981

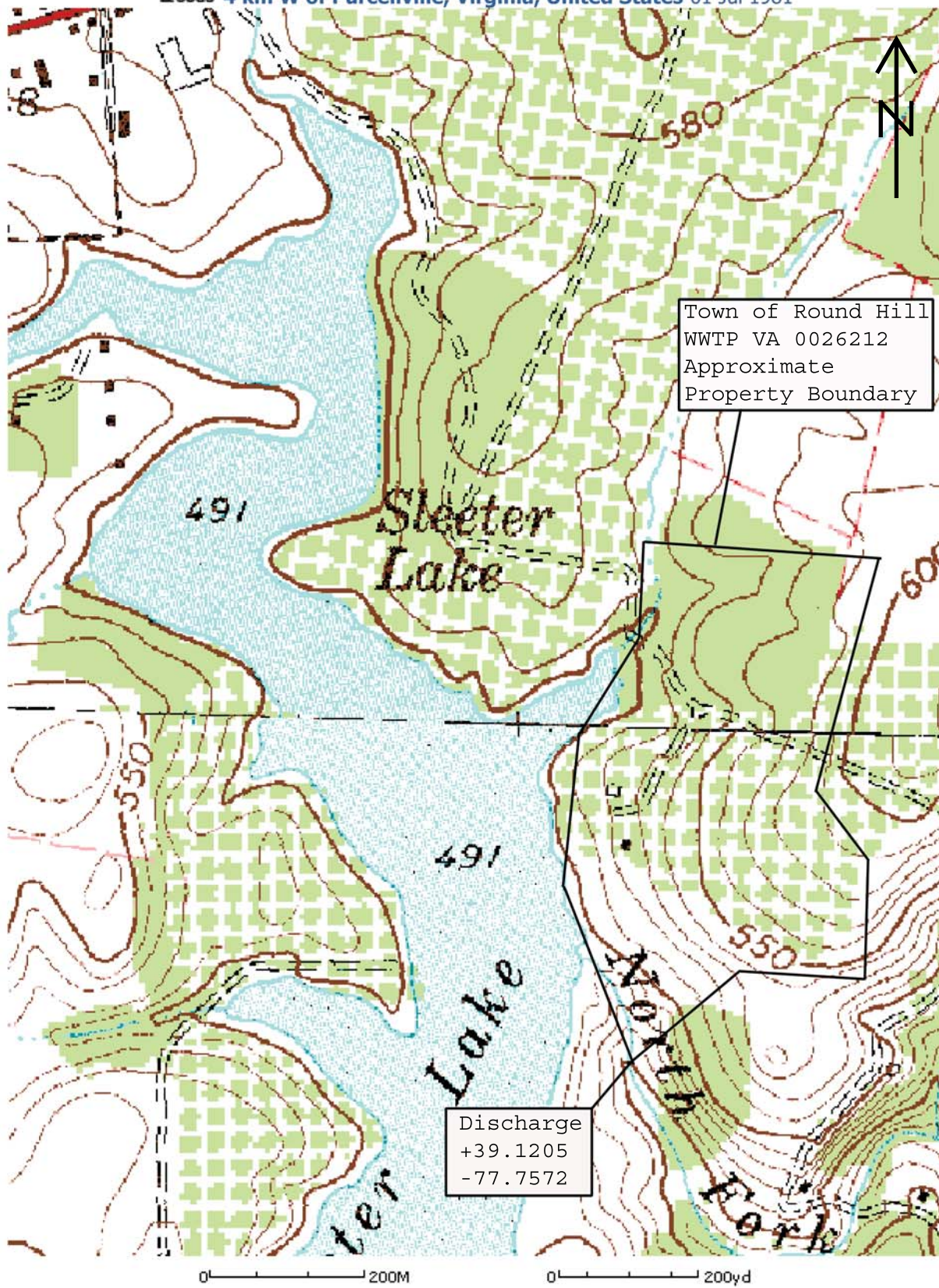


Image courtesy of the U.S. Geological Survey

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VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Town of Round Hill, Virginia

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** PIN 556-27-6937, TM 43, Parcel 59B

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** 0.75 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Town of Round Hill Collection System – Domestic

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: Approx. 1200 connections

 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

 Intermittent stream, usually flowing, sometimes dry

 Ephemeral stream, wet-weather flow, often dry

 Effluent-dependent stream, usually or always dry without effluent flow

 Lake or pond at or below the discharge point

 Other:

9. **Approval Date(s):**

O & M Manual 2004 **Sludge/Solids Management Plan** 2001

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

FORM
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Town of Round Hill WWTP

Mailing Address P.O. Box 36, Round Hill, VA 20142

Contact person Alan D. Wolverton

Title Utility Director

Telephone number (540) 338-4772

Facility Address 17749 Lakefield Road, Round Hill, VA 20142

(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Peed & Bortz, LLC

Mailing Address 20 Midway Plaza Drive, Suite 100, Christiansburg VA 24073

Contact person Keith E. Lane, PE

Title Partner

Telephone number (540) 394-3214

Is the applicant the owner or operator (or both) of the treatment works?

_____ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0026212 ; VAN010093 PSD _____

UIC _____ Other PWSID 6107650

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Round Hill</u>	<u>Approx 3,500</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>Approx 3,500</u>			

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.75
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.17</u>	<u>0.19</u>	<u>0.24</u> mgd
c. Maximum daily flow rate	<u>0.30</u>	<u>0.62</u>	<u>0.84</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>1</u>
ii. Discharges of untreated or partially treated effluent	<u>0</u>
iii. Combined sewer overflow points	<u>0</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>0</u>
v. Other _____	<u>N/A</u>

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or

_____ intermittent?

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B. "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a.	Outfall number	<u>001</u>	
b.	Location	Round Hill <small>(City or town, if applicable)</small> Loudoun County <small>(County)</small> +39.1206 <small>(Latitude)</small>	20142 <small>(Zip Code)</small> VA <small>(State)</small> -77.7572 <small>(Longitude)</small>
c.	Distance from shore (if applicable)	<u> </u>	At Shore ft.
d.	Depth below surface (if applicable)	<u> </u>	At Surface ft.
e.	Average daily flow rate	<u> 0.2 </u>	mgd
f.	Does this outfall have either an intermittent or a periodic discharge?	<u> </u> Yes <u> ✓ </u> No	(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

a. Name of receiving water North Fork Goose Creek

b. Name of watershed (if known) Middle-Potomac Catoctin

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Potomac River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02070008

d. Critical low flow of receiving stream (if applicable):
acute Unknown cfs chronic Unknown cfs

e. Total hardness of receiving stream at critical low flow (if applicable): Unknown mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.



Primary



Secondary



Advanced

Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 96 %Design SS removal 96 %Design P removal 96 %Design N removal 93 %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet (UV) Light

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	8.9	s.u.			
Flow Rate	0.84	MGD	0.24	MGD	365
Temperature (Winter)	17	celcius	12	celcius	181
Temperature (Summer)	26	celcius	21	celcius	184

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	3.7	mg/L	1.3	mg/L	157	SM 5210 B	5 mg/L
FECAL COLIFORM		261	n/cmL	<2	n/cmL	157	40CFR 141.21	2 n/cmL
TOTAL SUSPENDED SOLIDS (TSS)		17.3	mg/L	2.3	mg/L	157	SM 2450 F	1.0 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate > 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

<20,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

As part of routine operations the Town monitors flows and investigates potential I&I sources. The Town owns smoke detecting equipment as uses as-needed. Periodic system investigations are also performed.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number:

Responsibilities of Contractor:

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
N/A - No additional improvements planned at this time
- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
Yes ☒ No ☐

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

 Form Approved 1/14/99
OMB Number 2040-0086

- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/___	___/___/___
– End construction	___/___/___	___/___/___
– Begin discharge	___/___/___	___/___/___
– Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	15.0	mg/L	5.1	mg/L	3	EPA350.1	0.2 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	N/A		N/A				
DISSOLVED OXYGEN	13.5	mg/L	11.1	mg/L	365	SM 4500 OG	.01-.05 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	16.9	mg/L	1.4	mg/L	157	EPA 351.4	0.5 mg/L
NITRATE PLUS NITRITE NITROGEN	3.8	mg/L	1.5	mg/L	24	EPA 353.2	0.5 mg/L
OIL and GREASE	<5.0	mg/L	<5.0	mg/L	3	EPA1664A	5 mg/L
PHOSPHORUS (Total)	5.2	mg/L	2.2	mg/L	25	8190 (Hach)	0.1 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	415	mg/L	391	mg/L	3	SM2540C	1 mg/L
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Round Hill WWTP VA0026212

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title John C. Barkley, Town Administrator

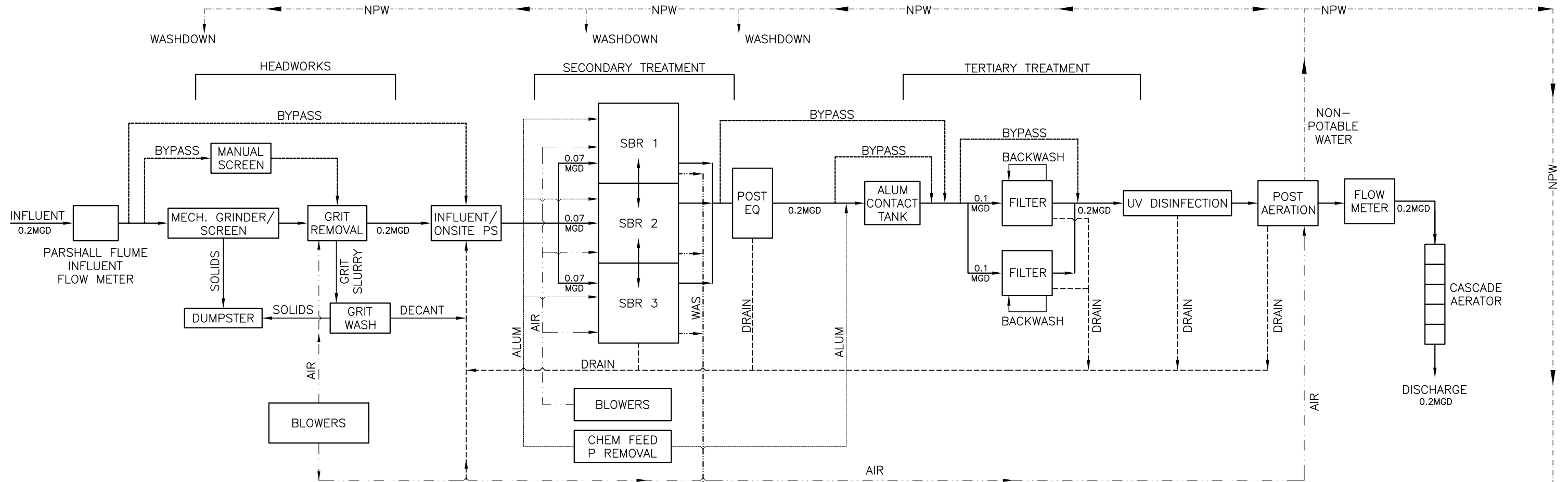
Signature _____

Telephone number (540) 338-7878

Date signed _____

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



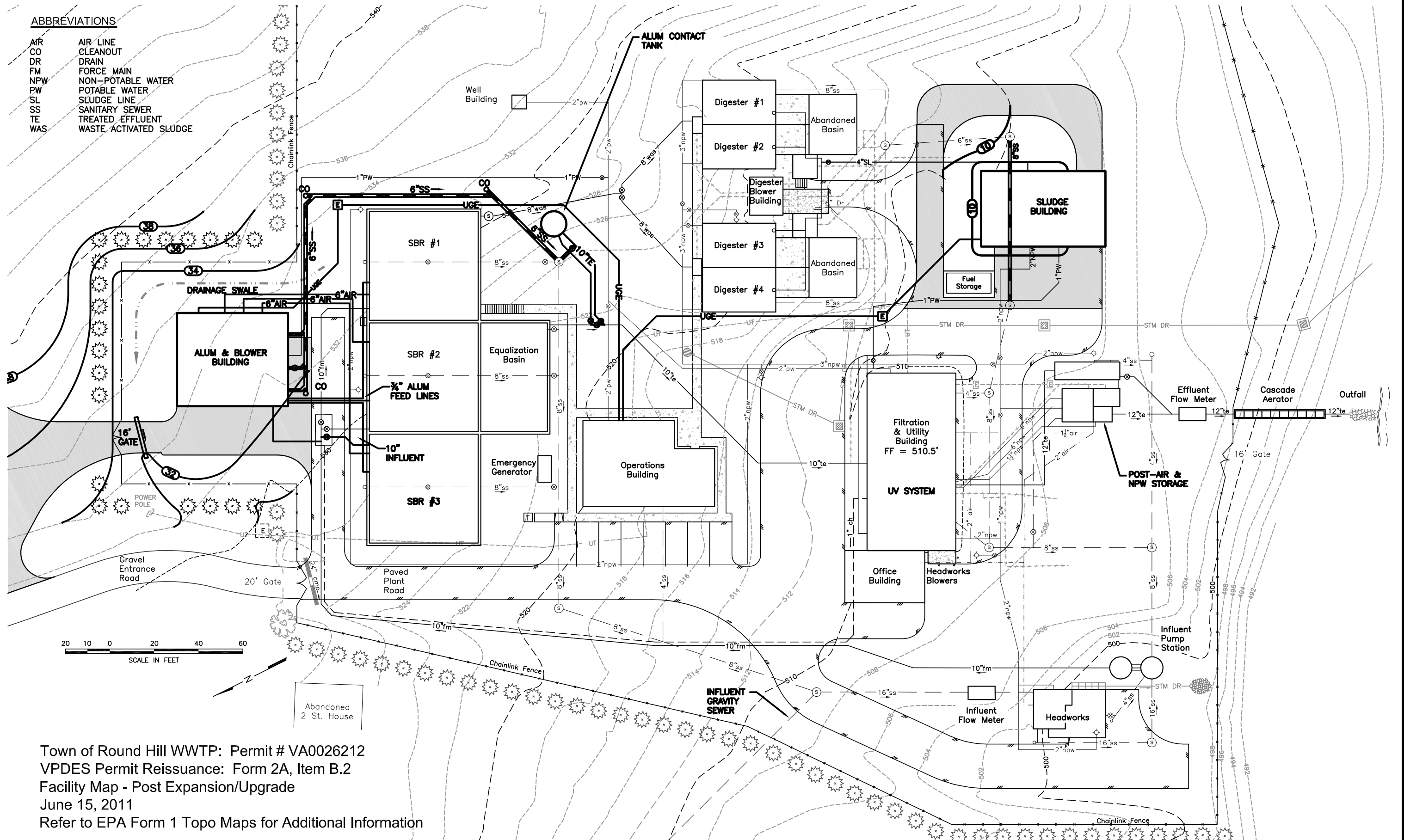
Town of Round Hill WWTP: Permit # VA0026212
VPDES Permit Reissuance: Form 2A, Item B.3
Process Flow Schematic
June 15, 2011

NARRATIVE DESCRIPTION:

RAW WASTEWATER ENTERS THE PLANT THROUGH A GRAVITY LINE AND FLOWS THROUGH A PARSHALL FLUME FLOW METER TO THE HEADWORKS, WHICH CONSISTS OF A MECHANICAL GRINDER/SCREEN SYSTEM FOLLOWED BY AN AERATED GRIT CHAMBER. FLOW THEN ENTERS THE INFLUENT PUMP STATION WHERE IT IS PUMPED TO THE SEQUENCING BATCH REACTOR (SBR) TREATMENT UNITS. TREATED EFFLUENT FROM THE SBRS IS DISCHARGED TO THE POST EQUALIZATION BASIN AND FROM THERE PUMPED THROUGH THE ALUM CONTACT TANK AND INTO THE TWO CLOTH MEDIA TERTIARY FILTERS. FILTERED WATER THEN FLOWS THROUGH THE UV DISINFECTION SYSTEM, POST AERATION BASIN, EFFLUENT PARSHALL FLUME FLOW METER, AND CASCADE AERATOR PRIOR TO DISCHARGE INTO NORTH FORK GOOSE CREEK. NITROGEN REMOVAL IS ACHIEVED BIOLOGICALLY IN THE SBR UNITS. BIOLOGICAL PHOSPHORUS REMOVAL ALSO OCCURS IN THE SBRS, AND IS ENHANCED THROUGH CHEMICAL FEED EITHER INTO THE SBR UNITS AND/OR AHEAD OF THE ALUM CONTACT TANK.

ABBREVIATIONS

AIR	AIR LINE
CO	CLEANOUT
DR	DRAIN
FM	FORCE MAIN
NPW	NON-POTABLE WATER
PW	POTABLE WATER
SL	SLUDGE LINE
SS	SANITARY SEWER
TE	TREATED EFFLUENT
WAS	WASTE ACTIVATED SLUDGE



Town of Round Hill WWTP: Permit # VA0026212
 VPDES Permit Reissuance: Form 2A, Item B.2
 Facility Map - Post Expansion/Upgrade
 June 15, 2011
 Refer to EPA Form 1 Topo Maps for Additional Information

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? X Yes _____ No

Does this facility derive a material from sewage sludge? _____ Yes X No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _____ Yes X No

Is sewage sludge from this facility applied to the land? _____ Yes X No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
_____ Yes _____ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
_____ Yes _____ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes _____ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _____ Yes X No

If "Yes", complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION*All applicants must complete this section.***1. Facility Information.**

- a. Facility name: Town of Round Hill WWTP
- b. Contact person: Alan Wolverton
Title: Utility Director
Phone: (540) 338-4772
- c. Mailing address:
Street or P.O. Box: P.O. Box 36
City or Town: Round Hill State: Virginia Zip: 20142
- d. Facility location:
Street or Route #: 17749 Lakefield Drive
County: Loudoun County
City or Town: Round Hill State: Virginia Zip: 20142
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: 0.75 mgd
- g. Total population served: 3,500 (approx)
- h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Peed & Bortz, LLC
- b. Mailing address:
Street or P.O. Box: 20 Midway Plaza Drive, Suite 100
City or Town: Christiansburg State: VA Zip: 24073
- c. Contact person: Keith E. Lane, PE
Title: Partner
Phone: (540) 394-3214
- d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
☒ facility ☐ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0026212
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ____ Yes **X** No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ____ Yes **X** No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: _____

Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone: (_____) _____

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	<25, <25, <21.3	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Cadmium	<25, <25, <21.3	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Chromium	26.1, <25, <21.3	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Copper	516, 341, 473	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Lead	<25, <25, 24.3	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Mercury	0.433, <0.4, <0.34	1/26/2006, 2/11/2008 5/12/2009	SW7471A	0.40 mg/kg, 0.40 mg/kg, 0.34 mg/kg
Molybdenum	<115, <125, <106	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	115 mg/kg, 125 mg/kg, 106 mg/kg
Nickel	<25, <25, <21.3	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	25.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg
Selenium	<115, <125, <106	1/26/2006, 2/11/2008	SW6010B, SW6010B,	115 mg/kg, 125 mg/kg, 106

FACILITY NAME: Town of Round Hill WWTPVPDES PERMIT NUMBER: VA0026212

		5/12/2009	SW6010C	mg/kg
Zinc	1460, 717, 872	1/26/2006, 2/11/2008 5/12/2009	SW6010B, SW6010B, SW6010C	45.0 mg/kg, 25.0 mg/kg, 21.3 mg/kg

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)

X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title John C. Barkley, Town Administrator

Signature _____ Date Signed _____

Telephone number (540) 338-7878

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 50 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name: N/A
- b. Contact Person: _____
Title: _____
Phone: (_____) _____
- c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Facility location: _____
(not P.O. Box) _____
- e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
_____ Class A ☒ Class B _____ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion

- c. Which vector attraction reduction option is met for the sewage sludge at your facility?
☒ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
☒ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Town of Round Hill uses both option 1 and 4 depending on the digestion of solids due to temperature and other factors

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: digested sludge dewatered using a rotary fan press prior to municipal landfill disposal. Fan press has just completed construction and is being started-up and tested as of the time of this application.

4. N/A - Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
_____ dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
_____ Yes _____ No

5. N/A - Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. N/A - Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: _____
- b. Facility contact: _____
Title: _____
Phone: (_____) _____
- c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:
_____ dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
_____ Yes _____ No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
_____ Class A _____ Class B _____ Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)

- ☐ Option 3 (Aerobic process, with bench-scale demonstration)
- ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ☐ Option 5 (Aerobic processes plus raised temperature)
- ☐ Option 6 (Raise pH to 12 and retain at 11.5)
- ☐ Option 7 (75 percent solids with no unstabilized solids)
- ☐ Option 8 (90 percent solids with unstabilized solids)
- ☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?

☐ Yes ☐ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: _____

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No
- If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. N/A - Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

_____ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. N/A - Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

- c. Site name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: _____ Type of Permit: _____

9. N/A - Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

- c. Incinerator name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

FACILITY NAME: Town of Round Hill WWTP

VPDES PERMIT NUMBER: VA0026212

of sewage sludge at this incinerator:

Permit Number:

Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: Loudoun County Solid Waste Management Facility
- b. Contact person: Mike Fairbanks
Title: Division Manager – Landfill Ops., Construction and Waste Management
Phone: (703) 777-0168
Contact is: ☒ Landfill Owner ☒ Landfill Operator
- c. Mailing address:
Street or P.O. Box: 211 Gibson Street, N.W., Suite 123, Mailstop #64
City or Town: Leesburg State: VA Zip: 20176
- d. Landfill location.
Street or Route #: 21101 Evergreen Mills Road
County: Loudoun County
City or Town: Leesburg State: VA Zip: 20175
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
50 dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: SWP001 Type of Permit: Solid Waste

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
☒ Yes ☐ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ☒ Yes ☐ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ☒ Yes ☐ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. See attached map/directions. Sludge will be hauled as needed on Monday-Friday during normal business hours.



2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 06010289

Client Name: Town of Round Hill
17749 Lakefield Rd
P.O. Box 36
Round Hill, VA 20142

Date Sampled: January 26, 2006
Date Received: January 27, 2006
Date Issued: February 06, 2006

Submitted To: Marty Feltner

Project Number: 2006-080

Client Proj I.D. Digester #3

Purchase Order: NA

Sample I.D.: Round Hill WWTP

Laboratory Sample I.D.: 06010289-001

Parameter	Method	Sample Results	LOQ	Analysis Date/Time	Analyst
Fecal Coliform	Colilert 18/QT	61000 MPN/g	450	01/27/06 14:20	MDW
Aluminum	SW6010B	20200 mg/kg	115	02/01/06 10:28	CGT
Arsenic	SW6010B	< 25 mg/kg	25.0	02/01/06 10:28	CGT
Boron	SW6010B	130 mg/kg	115	02/01/06 10:28	CGT
Cadmium	SW6010B	< 25 mg/kg	25.0	02/01/06 10:28	CGT
Calcium	SW6010B	26200 mg/kg	115	02/01/06 10:28	CGT
Chromium	SW6010B	26.1 mg/kg	25.0	02/01/06 10:28	CGT
Copper	SW6010B	516 mg/kg	25.0	02/01/06 10:28	CGT
Iron	SW6010B	21400 mg/kg	115	02/01/06 10:28	CGT
Lead	SW6010B	< 25 mg/kg	25.0	02/01/06 10:28	CGT
Magnesium	SW6010B	6730 mg/kg	25.0	02/01/06 10:28	CGT
Manganese	SW6010B	780 mg/kg	25.0	02/01/06 10:28	CGT
Mercury	SW7471A	0.433 mg/kg	0.400	01/31/06 11:34	CGT
Molybdenum	SW6010B	< 115 mg/kg	115	02/01/06 10:28	CGT
Nickel	SW6010B	< 25 mg/kg	25.0	02/01/06 10:28	CGT
Potassium	SW7610	6000 mg/kg	20	02/02/06 14:57	DMH
Selenium	SW6010B	< 115 mg/kg	115	02/01/06 10:28	CGT
Zinc	SW6010B	1460 mg/kg	45.0	02/01/06 10:28	CGT
Percent Moisture	SM2540G	97.8 %	0.1	02/02/06 11:00	JPV
Alkalinity	SM2320B	23000 mg/kg	220	02/02/06 11:30	JPV
Ammonia	SM4500-NH3 F	< 450 mg/kg	450	01/30/06 13:45	TER
pH	SW9045C	6.1 SU	2.0	01/30/06 11:57	TER
Phosphorus, Total	SM4500-P E	690 mg/kg	450	01/30/06 14:40	TER
TKN	EPA351.2	49300 mg/kg	5610	02/02/06 11:34	TER

Ted Soyars

Laboratory Manager



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Certificate of Analysis

Final Report

Laboratory Order ID 08020159

Client Name: Town of Round Hill
17749 Lakefield Rd
P.O. Box 36
Round Hill, VA 20142

Date Received: February 12, 2008
Date Issued: February 21, 2008

Submitted To: Marty Feltner

Project Number: NA

Client Site I.D.:

Purchase Order: NA

Sample I.D.: Digester #3 Sludge Sample

Laboratory Sample I.D.: 08020159-001

Date/Time Sampled: 02/11/08 11:20

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
Fecal Coliform	Colilert 18/QT	12000 MPN/g	500	02/20/08 9:36	VLG
Aluminum	SW6010B	4410 mg/kg	125	02/19/08 14:16	CGT
Arsenic	SW6010B	< 25 mg/kg	25.0	02/19/08 14:16	CGT
Boron	SW6010B	163 mg/kg	125	02/19/08 14:16	CGT
Cadmium	SW6010B	< 25 mg/kg	25.0	02/19/08 14:16	CGT
Calcium	SW6010B	27400 mg/kg	125	02/19/08 14:16	CGT
Chromium	SW6010B	< 25 mg/kg	25.0	02/19/08 14:16	CGT
Copper	SW6010B	341 mg/kg	25.0	02/19/08 14:16	CGT
Iron	SW6010B	2970 mg/kg	25.0	02/19/08 14:16	CGT
Lead	SW6010B	< 25 mg/kg	25.0	02/19/08 14:16	CGT
Magnesium	SW6010B	6570 mg/kg	25.0	02/19/08 14:16	CGT
Manganese	SW6010B	544 mg/kg	25.0	02/19/08 14:16	CGT
Mercury	SW7471A	< 0.4 mg/kg	0.400	02/15/08 11:33	DMH
Molybdenum	SW6010B	< 125 mg/kg	125	02/19/08 14:16	CGT
Nickel	SW6010B	< 25 mg/kg	25.0	02/19/08 14:16	CGT
Potassium	SW7610	9440 mg/kg	1000	02/18/08 13:40	DMH
Selenium	SW6010B	< 125 mg/kg	125	02/19/08 14:16	CGT
Zinc	SW6010B	717 mg/kg	25.0	02/19/08 14:16	CGT
% Solids	SM2540G	2.0 %	0.1	02/15/08 13:45	LG
Alkalinity	SM2320B	< 12500 mg/kg	12500	02/15/08 14:15	LG
Ammonia	SM4500-NH3 F	3950 mg/kg	500	02/18/08 11:00	VLG
pH	SW9045C	7.1 SU	--	02/14/08 10:34	LG
Phosphorus, Total	SM4500-P E	31200 mg/kg	500	02/15/08 11:45	VLG
TKN	EPA351.2	59200 mg/kg	1250	02/19/08 10:10	RPF & L

Results have been calculated on a dry weight basis.

Ted Soyars

Laboratory Manager



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Certificate of Analysis

Final Report

Laboratory Order ID 09050161

Client Name: Town of Round Hill
17749 Lakefield Rd
P.O. Box 36
Round Hill, VA 20142

Date Received: May 12, 2009
Date Issued: May 22, 2009

Submitted To: Marty Feltner

Project Number: NA

Client Site I.D.: TRH Sludge

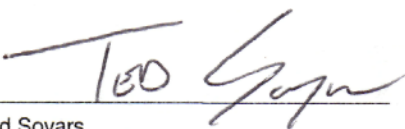
Purchase Order NA

Sample I.D.: Digester #4

Laboratory Sample I.D.: 09050161-001

Date/Time Sampled: 05/11/09 08:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Fecal Coliform	SM18/9221E	>160000000 MPN/g	430	05/12/09 14:36	WBP
Aluminum	SW6010C	5070 mg/kg	106	05/19/09 16:50	CGT
Arsenic	SW6010C	< 21.3 mg/kg	21.3	05/19/09 16:50	CGT
Boron	SW6010C	107 mg/kg	106	05/19/09 16:50	CGT
Cadmium	SW6010C	< 21.3 mg/kg	21.3	05/19/09 16:50	CGT
Calcium	SW6010C	25500 mg/kg	106	05/19/09 16:50	CGT
Chromium	SW6010C	< 21.3 mg/kg	21.3	05/19/09 16:50	CGT
Copper	SW6010C	473 mg/kg	21.3	05/19/09 16:50	CGT
Iron	SW6010C	3290 mg/kg	21.3	05/19/09 16:50	CGT
Lead	SW6010C	24.3 mg/kg	21.3	05/19/09 18:08	CGT
Magnesium	SW6010C	5920 mg/kg	21.3	05/19/09 16:50	CGT
Manganese	SW6010C	739 mg/kg	21.3	05/19/09 16:50	CGT
Mercury	SW7471A	< 0.34 mg/kg	0.340	05/15/09 11:27	NBA
Molybdenum	SW6010C	< 106 mg/kg	106	05/19/09 16:50	CGT
Nickel	SW6010C	< 21.3 mg/kg	21.3	05/19/09 16:50	CGT
Potassium	SW6010C	8960 mg/kg	426	05/19/09 16:50	CGT
Selenium	SW6010C	< 106 mg/kg	106	05/19/09 16:50	CGT
Zinc	SW6010C	872 mg/kg	21.3	05/19/09 16:50	CGT
Alkalinity	SM18/2320B	46800 mg/kg	10600	05/12/09 15:23	LMT
Ammonia	EPA350.1/R2.0	5870 mg/kg	426	05/14/09 12:00	LMT
pH	SW9045C	7.2 SU	--	05/12/09 14:44	LMT
Phosphorus, Total	SM18/4500-P E	18700 mg/kg	85.1	05/13/09 9:07	LMT
TKN	EPA351.2/R2.0	80400 mg/kg	1060	05/22/09 10:40	WBP


Ted Soyars

Laboratory Manager

Round Hill WWTP: VA0026212
VPDES Sludge Permit Application
Section A, Items 5/6

Item 5 – Topographic Map: See the mapping provided with EPA Forms 1 and 2A for topographic and site layout maps. All sludge generation, treatment, and storage occurs at the WWTP site prior to hauling to the landfill for ultimate disposal.

Item 6 – Line Drawing and/or Narrative Description: See process Flow Schematic provided with EPA Form 2A. Sludge is generated in the Sequencing Batch Reactor (SBR) units. Settled sludge is periodically wasted from the SBR units (following the decant cycle) to one of four aerobic digesters. Digested sludge is pumped to the rotary fan press unit where it is conditioned with polymer and dewatered. Dewatered sludge is conveyed to a truck that is housed in an enclosed area inside the sludge press building and temporarily stored until a full load is accumulated. The sludge is then transported to the County landfill for disposal. Filtrate and un-captured sludge from the sludge press is drained back to the influent pump station and pumped back to the SBR units.



Loudoun County, Virginia

www.loudoun.gov

Department of Construction & Waste Management

211 Gibson Street, N.W., Suite 123, MSC #64 • Leesburg, VA • 20176

Phone (703) 777-0187 Fax (703) 771-5523

April 29, 2011

Electronic Delivery

Mr. Alan Wolverton
Utility Supervisor
Town of Round Hill
17749 Lake Field Road
Round Hill, VA 20142

RE: Sludge Disposal Permission;
5/01/11 through 7/31/11
Approximately 60 tons

Account Number: **601934**

Dear Mr. Wolverton:

Staff is in receipt of your sludge disposal permission request. All information required has been submitted and found to be acceptable. The Town of Round Hill is granted permission to dispose of WWTP sludge generated from the Town's plant in the amount identified during the period referenced above. Please present a copy of this letter to the scale operator at the time of disposal.

Please note that a valid account card must be presented at the time of sludge delivery to the scalehouse.

If you should have any more questions, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Fairbanks", is written over a thin, curved line that serves as a signature guide.

Michael D. Fairbanks, Division Manager - Landfill Operations

Copy: Landfill Scalehouse Operator(s)
Landfill Operating Record
















Round Hill WWTP: VA0026212
VPDES Sludge Permit Application
Section B, Item 10.i.
Sludge Haul Route

Trip to:

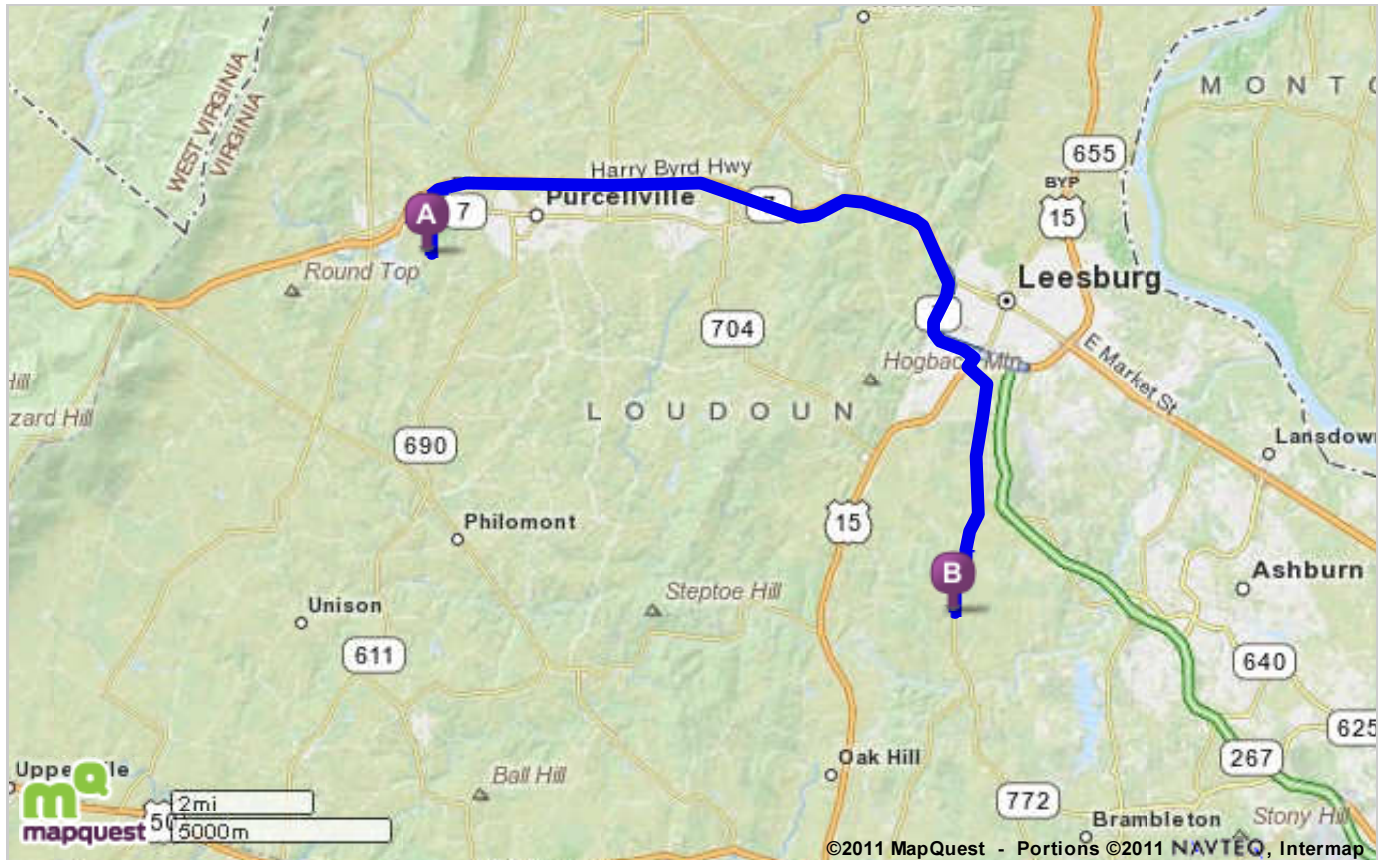
21101 Evergreen Mills Rd
Leesburg, VA 20175-6498

17.93 miles

24 minutes

	17749 Lakefield Rd Round Hill, VA 20141-2416	Miles Per Section	Miles Driven
	1. Start out going NORTH on LAKEFIELD RD toward E LOUDOUN ST / VA-7-BR (Portions unpaved).	Go 0.6 Mi	0.6 mi
 	2. Turn LEFT onto E LOUDOUN ST / VA-7-BR.	Go 0.1 Mi	0.8 mi
	3. Take the VA-7-BYP E ramp toward LEESBURG.	Go 0.4 Mi	1.1 mi
 	4. Merge onto VA-7 E / HARRY BYRD HWY.	Go 11.8 Mi	12.9 mi
	5. Take the exit toward US-15 / LEESBURG / WARRENTON.	Go 0.2 Mi	13.2 mi
	6. Turn LEFT onto CLUBHOUSE DR SW.	Go 0.05 Mi	13.2 mi
 	7. Take the 1st RIGHT onto S KING ST / US-15.	Go 0.2 Mi	13.4 mi
	8. Take the 1st LEFT onto EVERGREEN MILL RD SE. <i>If you reach COUNTRY CLUB DR SW you've gone about 0.2 miles too far</i>	Go 1.0 Mi	14.4 mi
	9. EVERGREEN MILL RD SE becomes EVERGREEN MILLS RD.	Go 3.5 Mi	17.9 mi
	10. 21101 EVERGREEN MILLS RD is on the RIGHT. <i>Your destination is 0.7 miles past CRIMSON PL</i> <i>If you reach THE WOODS RD you've gone about 0.7 miles too far</i>		17.9 mi
	21101 Evergreen Mills Rd Leesburg, VA 20175-6498	17.9 mi	17.9 mi

Total Travel Estimate: **17.93 miles - about 24 minutes**



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PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Loudoun Times Mirror in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: John C. Barkley, Town Administrator

Owner: Town of Round Hill, Virginia

Agent/Department Address: P.O. Box 36

Round Hill, VA 20142

Agent's Telephone No.: 540-338-7878

Printed Name: John C. Barkley

Authorizing Agent – Signature: _____

Date: _____

VPDES Permit No. VA0026212
Town of Round Hill WWTP

PEED & BORTZ, L.L.C.
Civil/Environmental Engineers

C. Elvan Peed, P.E.

Scott Bortz, P.E.

Martin Jansons, P.E.

July 21, 2011

Anna T. Westernik
Environmental Specialist II
DEQ – Northern Regional Office
13901 Crown Court
Woodbridge, VA 22193

Re: **Town of Round Hill WWTP
VPDES Permit # VA0026212
Permit Reissuance Application
Additional Information**

Dear Ms. Westernik:

On behalf of the Town of Round Hill, please find enclosed one hard copy and one electronic copy of the additional information requested in your email dated June, 28, 2011 for the Town of Round Hill WWTP VPDES permit reissuance application.

Below are direct responses to your email comments.

1. *Could you please provide the PWSID No. for the drinking water supply?*

The Town's PWSID for the potable water system is 6107650.

2. *The topographic map should include all information discussed below.*

The topographic map is attached with the required information noted in your email.

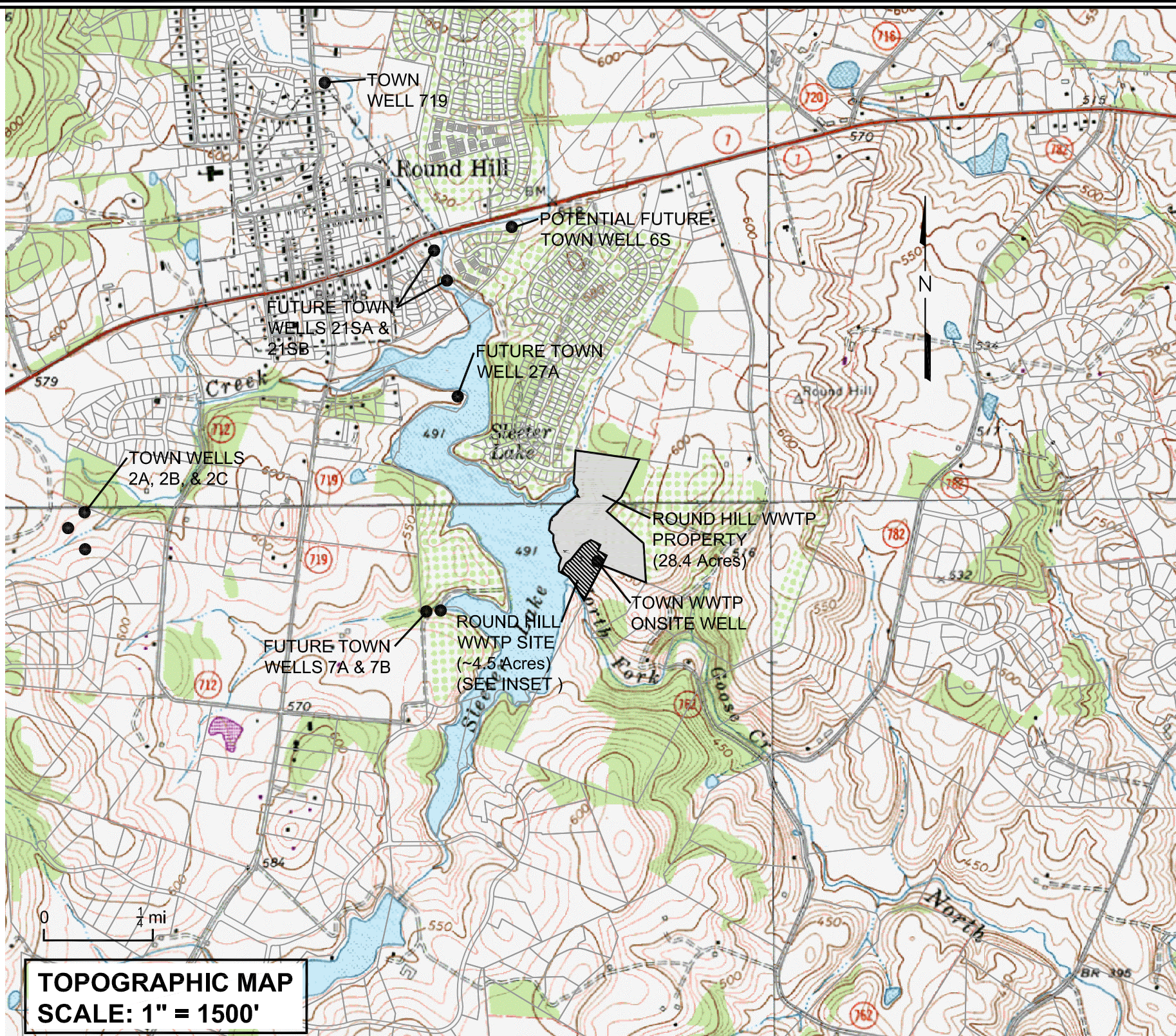
One hard copy of the topographic map is attached. In addition, a complete digital CD copy of the entire application package plus the new topographic map and this cover letter is included. If you have any questions, please feel free to contact me (540-394-3214, keith@peed-bortz.com) or Alan Wolverton with the Town (540-338-4772, rhadmin@verizon.net).

Sincerely,



Keith E. Lane, PE

cc: Town of Round Hill



Town of Round Hill WWTP:
 Permit # VA0026212
 VPDES Permit Reissuance:
 Form 2A, Item B.2
 Topographic Map
 July 21, 2011
 Refer to Process Flow
 Schematic and Facility Map for
 Addl. Information

